


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JAN 27 AM 11:56

<b>DOCUMENT # A97000002031</b> 1. Entity Name <b>PAROS PROPERTIES, LTD.</b>	
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Principal Place of Business <b>230 NORTH HALIFAX DRIVE ORMOND BEACH FL 32176</b>	Mailing Address <b>230 NORTH HALIFAX DRIVE ORMOND BEACH FL 32176</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



*JS*

1st MOORE CR2E003 (10/05)

4. FEI Number <b>59-3468571</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent <b>DRAKAKIS, STAMATIKI 230 NORTH HALIFAX DRIVE ORMOND BEACH FL 32176</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	<b>DRAKAKIS, STAMATIKI</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>230 NORTH HALIFAX DRIVE</b>		
CITY-ST-ZIP	<b>ORMOND BEACH FL 32176</b>		
DOCUMENT #		STREET ADDRESS	<b>800064997943</b>
NAME		CITY-ST-ZIP	<b>02/01/06--01076--010 **500.00</b>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Stamatiki C Drakakis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*1/20/2006*  
Date

*673-4639*  
*786-761-1104*  
Daytime Phone #

STAPLE CHECK HERE